



SANDRA SHEWRY  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



ARNOLD SCHWARZENEGGER  
Governor

November 2, 2006

Dear ADAP Client:

You have been identified as being eligible for Medicare in 2007. As you probably experienced in 2006, Medicare Part D is a complicated benefit that requires you to make many decisions in order to receive the drug coverage that best meets your needs. Once again, ADAP will be able to assist with your out-of-pocket costs. Please read the following materials carefully as ADAP has attempted to outline what steps you will need to take in order to maintain your ADAP and Medicare drug coverage in 2007.

***New Medicare Part D Plan Year:***

Medicare Part D operates on an annual plan year basis. This means that each year the structure of available Part D Plans may change. Plan changes could include: the lists of medications covered, the authorization steps required to access a certain drug, and/or client out-of-pocket costs. Also, the plan you are enrolled in may not be available for 2007. Because Part D plans can change significantly each year, it is very important that you **carefully review your Medicare Part D Plan options** to ensure that your plan selection for 2007 will be appropriate for your needs.

Please pay close attention to your mail over the next few months, as you might receive several important notices. Your current Part D drug plan will mail you a notice informing you of any changes the plan expects to make in 2007. Also, you might receive notices regarding changes to your "Extra Help," Low Income Subsidy (LIS) eligibility.

Another important aspect of the Medicare Part D annual plan year is the fact that you are permitted to enroll in a new drug plan for 2007 during a six week open enrollment period, **November 15, 2006 through December 31, 2006**. This enrollment period is significantly shorter than last year. **The new plan coverage will take effect on January 1, 2007**. Due to the narrow open enrollment period, it is important that you immediately begin the process of selecting a plan. **Medicare has advised beneficiaries to complete their open enrollment by December 8, 2006, to ensure their new Medicare Drug plan coverage is in place on January 1, 2007.**

State and Federal law continues to require that all Medicare eligible ADAP clients enroll in a Medicare Part D plan, with the exception of Medicare eligible individuals who are

able to demonstrate that they have drug coverage that is comparable to or better than Medicare Part D. This comparable coverage is also known as "Creditable Coverage." ADAP clients who do not enroll in a Part D plan because they have creditable coverage are required to provide their 2007 Certificate of Creditable Coverage to their ADAP Enrollment Worker to continue their ADAP assistance.

***ADAP and Medicare Part D:***

In 2007, ADAP will continue to pay towards Medicare Part D deductibles, co-insurance, and co-payments for medications that are on the ADAP formulary (list of medications ADAP covers). ADAP will also continue to cover clients during the gap in coverage also known as "the doughnut hole." As a new benefit in 2007, ADAP will pay Medicare Part D premiums for certain ADAP clients. This new pilot program will be called the "ADAP Medicare Part D Premium Payment Program."

The ADAP Medicare Part D Premium Payment Program will be available to ADAP clients who are required to pay Part D premiums because they do not qualify to have their premiums paid by the Full Low Income Subsidy. ADAP clients, who are interested in receiving premium payment assistance, will be required to complete and submit the enclosed application to the California Department of Health Services. You do not apply for the ADAP Medicare Part D Premium Payment Assistance Program through your ADAP Enrollment Worker. The application **must be mailed or faxed directly** to the ADAP Medicare Part D Premium Payment Assistance Program at:

**California Department of Health Services  
ADAP Section  
MS 7704  
P.O. Box 997426  
Sacramento, CA 95899-7426  
or fax  
(916) 449-5883**

Only clients who have non-subsidized premiums (required to pay premiums out-of-pocket) and who want to participate in the pilot premium payment program will be required to submit the premium payment application. For ADAP clients who enroll in an MAPD (e.g., Senior Advantage Managed Care), ADAP may be able to pay the Part D (prescription) portion of that premium. The client is responsible for payment of the Part B (medical and outpatient) portion of the premium. ADAP will not continue paying the Part D portion of the premium if the client does not comply with their payment obligation for Part B.

***Things you need to do:***

ADAP recognizes that Medicare Part D is overwhelming for most of us. It is important that you begin the process of understanding your 2007 Part D benefit immediately. If you have difficulty understanding your benefit options, you are not alone. We advise you to seek assistance immediately through resources included in this packet. The following is a list of basic steps to help guide you through the process:

- 1) **Review your mail carefully:** Your current drug plan and Medicare will be sending you important notices regarding your 2007 Part D benefits. Many plans are expected to change in 2007, so watch for changes that might impact you.
- 2) **Medicare Part D Open Enrollment:** Open enrollment is November 15 through December 31, 2006. Review your 2007 plan options to ensure that you enroll in the Part D plan that will best meet your medication needs. Medicare offers on-line resources to help you select plans based on your current medication needs. The Medicare "Plan Finder" and "Formulary Finder" tools are available on the Medicare Web site at [www.medicare.gov](http://www.medicare.gov). You should also check with your case manager or other service providers to see if they are able to assist you with the plan selection process.
- 3) **"Extra Help" Low Income Subsidy (LIS):** Review the Medicare Part D "Extra Help" LIS categories in this letter to determine what action you must take to ensure that you receive the LIS in 2007.
- 4) **Creditable Coverage:** If you have creditable coverage and do not wish to enroll in a Medicare Part D plan, please take a copy of your 2007 Certificate of Creditable Coverage to your ADAP Enrollment Worker.
- 5) **Check the ADAP Web Site:** [www.dhs.ca.gov/ps/ooa](http://www.dhs.ca.gov/ps/ooa) for updated information regarding Medicare Part D. You may also call ADAP's Medicare Part D phone line at (916) 449-5993 for ADAP-related Part D issues. Your questions will be forwarded to appropriate staff persons and your call will be returned.

**Optional:**

ADAP Medicare Part D Premium Payment Assistance Program (ADAP/MDPP): If you are interested in receiving Medicare Part D premium payment assistance from ADAP, you must enroll in a Medicare Part D plan, and submit the enclosed application and disclosure statement to the ADAP Medicare Part D Premium Payment Program. NOTE: If you elect to enroll in a Medicare Advantage Prescription Drug (MAPD) plan, ADAP may be able to help you pay **ONLY** the Part D portion of the premium. You will be responsible for payment of the Part B portion of the premium.

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Finally, because ADAP recognizes that Medicare Part D is an extremely complicated benefit, we have added a list of resources to help you through the open enrollment period. If you are in need of assistance, please do not hesitate to contact any of the appropriate agencies on this resource list (see enclosed).

Thank you for your cooperation as we all navigate our way through Medicare Part D.

Sincerely,

Kathleen Russell, Chief  
ADAP Section

Enclosures

## Medicare Part D Enrollment and Plan Selection

All Medicare eligible beneficiaries are permitted to select and enroll in a Medicare Part D drug plan during the open enrollment period. Similar to last year, certain beneficiaries will be auto-enrolled into plans. The following categories indicate enrollment procedures based on your individual benefit situation. If you are not sure which category applies to your individual situation, please ask for assistance from one of the Resource List referrals.

### ***A. Eligible for Medicare Part D but not eligible for Medi-Cal and the Low Income Subsidy (LIS):***

You must enroll in a Part D plan during open enrollment. Medicare encourages you to enroll in a plan by December 8, 2006, to ensure that your coverage will be in effect on January 1, 2007. It is important that you review all plan options closely as you will be locked in this plan for the entire calendar year (some exceptions apply). If you do not take action and do not enroll in a Part D drug plan during open enrollment, you will automatically remain in your 2006 plan (as long as the plan exists in 2007).

**Note:** You are eligible for ADAP premium payment assistance. Please complete the enclosed application and disclosure forms if you need help with your Part D premiums. If you are currently enrolled in a Part D plan and your premiums are automatically deducted from your Social Security check, please discontinue that option so that ADAP can directly pay premiums to the Part D plan you select for 2007.

### ***B. Eligible for Medicare Part D and Medi-Cal with no share-of-cost (SOC):***

Medicare will automatically enroll you in an average-cost Part D plan (also called a Benchmark plan). If Medicare auto-enrolled you into one of the following 2006 benchmark plans, your plan has changed and you will be reassigned to a new plan in 2007:

- AARP Medicare RX (will be re-assigned to AARP Medicare RX Plan Saver).
- Healthnet Orange 008 (will be re-assigned to Healthnet Orange 002).
- PacifiCare Silver Plan (will be re-assigned to AARP Medicare RX Plan Saver).
- United Health Rx (will be re-assigned to AARP Medicare RX Plan Saver).

If in 2006, Medicare auto-enrolled you into a benchmark plan that is not listed above, you will be re-enrolled in the same plan in 2007. You should receive a notice identifying the plan into which you will be auto-enrolled in 2007.

You have the right to change plans if you discover that Medicare enrolled you into a plan that does not meet your needs. If you elect to change out of your auto-assigned

plan, review your new plan selection carefully in order to avoid increased out-of-pocket costs.

**Note:** You do not have to pay Part D premiums and do not need to apply for ADAP premium payment assistance.

***C. Eligible for Medicare Part D and Medi-Cal with a SOC:***

The 2007 enrollment procedures will change for certain persons who received Medicare and Medi-Cal with a SOC in 2006:

- If you incurred your Medi-Cal SOC (definition: you **paid** or were **billed** for your SOC between July and December 2006), you will be auto-enrolled into a Part D plan.

**Note:** You do not have to pay Part D premiums and do not need to apply for ADAP premium payment assistance.

- If you **did not** incur your SOC for at least one month from July through December 2006, you **will not** be considered eligible for full Medi-Cal benefits and, unlike last year, you **will not** be automatically enrolled in a Part D plan. As a result, you will be required to enroll yourself into a Medicare Part D plan during open enrollment.

**Note:** You are eligible for ADAP premium payment assistance. Please complete the enclosed application and disclosure form if you need help with your Part D premiums.

If you take no action, you will be reassigned to your 2006 plan. Because your 2006 plan may have changed since you enrolled, taking no action could prove costly. Consequently, you are strongly encouraged to carefully select your 2007 plan during open enrollment to avoid changes such as higher out-of-pocket costs.

***D. Eligible for Medicare Part D and currently receiving assistance through:  
1) Low Income Subsidy (not enrolled in Medi-Cal), or 2) Medicare Savings Program (QMB, SLMB, or QWI1):***

If you do not enroll in a plan during open enrollment, Medicare will facilitate your enrollment into a cost-average benchmark plan. You are encouraged to make your own plan selection during open enrollment because the facilitated enrollment plan may not necessarily meet your specific medication needs. If you were facilitated-enrolled into one of the plans listed in B. above, the same re-assignment information applies to you.

**Note: Medicare Savings Program** - You do not have to pay Part D premiums and do not need to apply for ADAP premium payment assistance. **Low Income**

**Subsidy** - You *may be eligible* for ADAP premium payment assistance. Please complete the enclosed application and disclosure form if you need help with your Part D premiums.

***E. Eligible for Medicare Part D and enrolled in an insurance plan that Medicare considers to be “Creditable Coverage:”***

If you choose to not enroll in a Medicare Part D plan because you are able to demonstrate that you have drug coverage that is comparable to or better than Medicare Part D, (i.e., “Creditable Coverage”), you should contact your insurance administrator to obtain a “Certificate of Creditable Coverage.” Some insurance administrators may include the certificate in the 2007 plan manual or booklet that is mailed to you. ADAP clients who do not enroll in a Part D plan because they have creditable coverage are required to provide their 2007 Certificate of Creditable Coverage to their ADAP Enrollment Worker.

**Note:** You do not have to pay Part D premiums and do not need to apply for ADAP premium payment assistance.

***MEDICARE PART D “EXTRA HELP” LOW INCOME SUBSIDY***

ADAP requires that almost all Medicare eligible ADAP clients apply for the “Extra Help” LIS. Eligibility for the LIS significantly lowers the costs that the Part D Plan is permitted to charge the client. LIS eligibility ensures that you have the lowest out-of-pocket costs for medications that may not be on the ADAP formulary and helps to off-set the cost that ADAP pays towards your Medicare Part D benefit.

The procedures for applying for LIS are different from last year. Please review the following categories to determine what action you should take:

**1. You did not receive LIS in 2006:**

Individuals who did not receive LIS in 2006 should apply. To apply, go into your local Social Security office, request an application by phone (800) 772-1213, or apply online at [www.ssa.gov](http://www.ssa.gov). Social Security will take a few weeks to process your application and will notify you of your eligibility by mail. Once you receive your LIS determination notice, please take the notice to your ADAP Eligibility Worker.

**2. You received LIS in 2006 and you are not eligible for Medi-Cal:**

Individuals who received LIS in 2006 will go through a screening to determine if the LIS should continue. Social Security began mailing redetermination letters in August. If you have not experienced a change in income, assets, or marital status, you are not required to take any action and you are eligible to receive the LIS in 2007. If your income, assets, or marital status a change Social Security will ask you to complete a brief LIS redetermination form.

**3. You are eligible for both Medicare and Medi-Cal with no SOC (free Medi-Cal).**

You will be eligible for the Full LIS. You will be automatically enrolled in the LIS and you are not required to take any action.

**4. You are eligible for Medicare and Medi-Cal, and have a Medi-Cal SOC in 2006:**

In 2007, LIS eligibility for persons who receive Medi-Cal with a SOC could change significantly. Your eligibility for LIS is based on when you incurred (paid or were billed) your Medi-Cal SOC in 2006. Basically, if you incurred your Medi-Cal SOC in July through December 2006, you will automatically be eligible for the full LIS. If you did not incur your Medi-Cal SOC in these specific months, you will not automatically qualify for LIS. You should have received a notice in September 2006, notifying you of any expected changes to your LIS eligibility. If you expect that you will not automatically qualify for LIS because you may not meet your Medi-Cal SOC in any month between July and December 2006, it is critical that you apply for LIS through the Social Security Administration. You can apply by requesting an application from your local Social Security office, by phone (800) 772-1213, or you can apply on-line at [www.ssa.gov](http://www.ssa.gov). Social Security will take a few weeks to process your application and will notify you of your eligibility by mail. Once you receive your LIS determination notice, please take the notice to your ADAP Eligibility Worker.

ADAP recognizes that understanding your LIS eligibility in 2007 may be extremely complicated. It is crucial that you apply and receive any LIS that is available to you in order to avoid unexpected drug costs in 2007. The following page has a list of resources available to help you understand how to enroll in a Part D plan for 2007, and/or your LIS eligibility in 2007.



## **Medicare Part D Resource List**

### **Medicare:**

Web site includes general Part D information including links to important tools that can assist you with the Part D plan selection process.

[www.Medicare.gov](http://www.Medicare.gov)

(800) Medicare

### **Social Security Administration:**

Web site includes “Extra Help” Low Income Subsidy information including links to the Low Income Subsidy application. You can also apply for the Low Income Subsidy in person at your Social Security Administration office or by telephone.

[www.ssa.gov](http://www.ssa.gov)

(800) 772-1213

### **Health Insurance Counseling and Advocacy Program (HICAP):**

Local agencies provide consumer counseling relating to all Medicare issues, including Medicare Part D. Offices are located in each county. Visit the Web site or contact the number below to locate the office in your county.

[www.aging.state.ca.us/html/programs/hicap.html](http://www.aging.state.ca.us/html/programs/hicap.html)

(800) 434-0222

### **Cal-Medicare:**

Web site includes California specific Medicare Part D information and a link to all local HICAPs (see above) in each county.

[www.calmedicare.org](http://www.calmedicare.org)

### **California ADAP:**

Web site includes current information regarding ADAP’s Medicare Part D policies and application information for the new “ADAP Medicare Part D Premium Payment Program.”

[www.dhs.ca.gov/ps/ooa](http://www.dhs.ca.gov/ps/ooa)

(916) 449-5993

### **Public Health Service Bureau:**

This Pharmacy Benefits Management company contracts with ADAP to conduct the day-to-day administration of California’s ADAP. Web site includes links to the ADAP formulary, ADAP enrollment site, and ADAP pharmacy network information.

[www.phsb.com](http://www.phsb.com)

### **National Health Law Program:**

Web site includes a link to an important new resource guide, “Medicare Part D and Dual Eligibles: A Guide for California Advocates.”

[www.healthlaw.org](http://www.healthlaw.org)

**ADAP/Medicare Part D  
Premium Payment Program  
Disclosure**

This application is only required if you will have out-of-pocket costs for a Medicare Part D premium in 2007, and would like help in paying that. The following statements of eligibility and policy criteria apply to all applicants for the new ADAP Medicare Part D Premium Payment Program. Please read each statement carefully. Any questions should be referred to the ADAP Medicare Part D phone line at (916) 449-5993 or to your ADAP Enrollment Worker prior to the submission of your application.

**Please read each statement and check each box to indicate that you understand and meet the requirement.**

**Eligibility:**

To be eligible for the ADAP Medicare Part D Premium Payment Program, you must meet the following requirements:

- ☐ I am currently enrolled in California's ADAP. I understand that I must continue to meet all of the eligibility requirements of ADAP in order to receive Medicare Part D premium payment assistance.
- ☐ I understand that in order to participate in the ADAP Medicare Part D Premium Payment Program, I am required to enroll in a 2007 Medicare Part D prescription drug plan or a Medicare Advantage plan (MAPD).
- ☐ I understand that the ADAP Premium Payment Program is not permitted to pay Medicare Part D late enrollment penalties. I will be responsible for paying any such penalties. Failure to pay my penalty portion of the monthly Part D premium could result in the loss of coverage under my Medicare Part D drug plan.
- ☐ I understand that I am not eligible for the ADAP Medicare Part D Premium Payment Program if I am eligible for the Medicare "Extra Help" **Full Low Income Subsidy**. Medicare fully subsidizes premiums for persons who are eligible for the Full Low Income Subsidy.

**General Policies:**

- ☐ I agree to provide complete and accurate information regarding my Medicare Part D drug plan.
- ☐ I agree to report immediately any changes related to my Medicare Part D drug plan, ADAP eligibility, address, and telephone number to the ADAP Premium Payment Program.
- ☐ I understand that it is my responsibility to confirm that any premiums paid by the State of California on my behalf were received and credited by my Medicare Part D plan. If premiums were not received or credited by the Part D plan, I could lose my drug coverage under the Medicare Part D plan.
- ☐ I understand that the ADAP Premium Payment Program may pay my Part D premiums several months in advance. Therefore, to avoid the possibility of overpayments, I will report any changes to my plan or eligibility to the ADAP Medicare Part D Premium Payment Program immediately.

**ADAP/Medicare Part D  
Premium Payment Program  
Disclosure**

- ☐ I understand that if I am enrolled in an MAPD (e.g., Senior Advantage Managed Care) and the ADAP Premium Payment Program pays my Part D (prescription) premium, I am responsible for payment of the Part B (medical and outpatient) portion of the premium. If I default on my Part B premium payment obligation and am terminated from the MAPD, I will no longer be eligible for ADAP and will be disenrolled from the program.
- ☐ If I receive premium refunds from my Part D plan that were paid by the State of California, I agree to return them to ADAP immediately. Premium refunds must be signed over to the State of California and mailed to:

California Department of Health Services  
Attention ADAP Section  
MS 7704  
P.O. Box 997426  
Sacramento, CA 95899-7426

Failure to return premium payments to the State will result in permanent ineligibility for future premium payment assistance. Please call the ADAP/Medicare Part D phone line at (916) 449-5993 with questions regarding refunds.

- ☐ I understand that I must request that my 2007 Medicare Part D drug plan bill my premiums to me directly. I understand that failure to elect this direct billing option could result in monthly premiums being paid by ADAP and also deducted from my monthly Social Security payment. Any premium overpayment, such as an incorrect premium withdrawal for my monthly Social Security check, is my responsibility, and I am required to make refund arrangements directly with the appropriate agency.
- ☐ I understand that the ADAP Medicare Part D Premium Payment program is not permitted to issue any payment to me directly. All premiums will be paid directly to my Part D plan.

**Declaration: I have thoroughly read and understand the provisions listed above and agree to them. I understand that failure to comply with all ADAP Medicare Part D Premium Payment policies could result in a loss of drug coverage through my Medicare Part D plan. I understand that my Medicare Part D premiums may be paid in advance for the remainder of the plan year unless otherwise noted. I consent to allow the sharing of information between the Medicare Part D plan I select and the State of California to facilitate payment of my Part D premiums.**

**Print Applicant's Name**

**Applicant's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ADAP/Medicare Part D Premium Payment Program

Please print clearly and completely answer all questions. Instructions are on the reverse. Failure to provide legible or complete information will delay processing of your application and could delay Part D premium payment assistance. Incomplete applications will be returned.

Are you currently eligible for Medi-Cal with no share-of-cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Will you be eligible for the Medicare Part D Full Low Income Subsidy in 2007?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

If you answered "Yes" to either of the above questions, you are **not eligible** for this program, and Medicare will cover the cost of your monthly premium.

## I. Demographic Information:

Name (First, Middle, Last)		Social Security Number	Mother's Maiden Name	
Home Address (Number, Street)	City	County	State	ZIP code
Mailing Address (if different from above)	City	County	State	ZIP code
Telephone Number (Home) (       )	Telephone Number (Mobile) (       )	Date of Birth (mm/dd/yyyy)	Month     	Day     
			Year     	

## II. ADAP Enrollment Information:

ADAP Enrollment Worker's Name	ADAP Enrollment Site
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## III. Medicare Part D Drug Plan Information:

I have completed enrollment in the following PDP or MAPD for 2007 \_\_\_\_\_ PDP \_\_\_\_\_ MAPD \_\_\_\_\_

### Payment Information

(check one)

Make Payment To (Name of Part D Plan)	Telephone Number (       )	Contact Person		
Address (Number, Street)	City	State	ZIP code	Payee's Federal Tax ID Number (if known)
Premium Amount \$ _____ (monthly)				
Date of Enrollment into Medicare Part D Plan Month    Day    Year                   	Enrollment Confirmation Number	Medicare Part D Plan Member ID Number in 2007 (if available)		

Attach a copy of your Medicare Part D billing statement for January 2007 coverage (if available)

## IV. Previous Plan Year Information:

Were you enrolled in a Medicare Part D plan in 2006? _____ yes _____ no	Medicare Eligibility Effective Date
If Yes, what was the name of the drug plan? _____	Month    Day    Year                   
If No, did you have Creditable Drug Coverage in 2006? _____ yes _____ no	

Please note that in order to comply with the Federal Privacy Act (42 USC, Section 552a) your Social Security number and any information you provide may be used to contact Medicare Part D prescription drug plans, the Centers for Medicaid and Medicare Services (CMS), and the Social Security Administration regarding matters related to your Medicare Part D Premium Payments. Under California Welfare and Institutions Code, Section 14100.2, any submitted information is considered confidential.

I recognize that this is an application for 2007 Part D premium payment assistance only, and any other services received under the Medicare Part D benefit must be applied for separately and directly through Medicare or a Medicare drug plan. Benefits received under the Medicare Part D Low Income Subsidy "Extra Help" program must be applied for through the Social Security Administration.

In signing, I declare that I agree to all requirements to participate in the Medicare Part D Premium Payment Program, that I am actively enrolled in the California ADAP, and agree to fulfill all requirements relating to recertifying my ADAP enrollment annually.

Print Applicant's Name

Signature

Date

### For Staff Use Only

Premium Penalty Amount (if applicable) \$ \_\_\_\_\_

## **ADAP/Medicare Part D Premium Payment Program Application Instructions**

### **Section I. Demographic Information:**

Enter your name, Social Security Number as listed on your Medicare card, and your mother's maiden name (this information is required in order to maintain your application in the program's data system). Enter your address, and enter the mailing address where you want the notice of either approval or denial of this application to be sent. Please enter a daytime phone number where you can be reached if we have questions. Enter your date of birth.

### **Section II. ADAP Enrollment Information:**

List both the name of your ADAP Enrollment Worker and the site that you utilize for ADAP enrollment services. If you do not remember the name of your ADAP Enrollment Worker, please provide the name of your ADAP site and the city where the site is located.

### **Section III. Medicare Part D Drug Plan Information:**

List the full name of either the Medicare private prescription drug plan (PDP) or Medicare Advantage plan (MAPD). Be sure to include the complete name of your drug plan, since companies often offer more than one Part D plan. Check whether the plan is a PDP or MAPD.

*"Medicare Part D Plan Payment name and address":* Provide complete and accurate information regarding your drug plan's billing address and phone number and include the contact person, if known.

*"Payee's Tax ID Number":* This is the Plan's tax identification (ID) number which is required in order for the State to issue a payment on your behalf. Contact your plan's customer service or billing office to obtain the appropriate tax ID number.

*"Premium Payment Amount":* Indicate the monthly premium payment amount. If you have a copy of your billing statement, please include it with your application.

*"Date of Enrollment into Medicare Part D Plan":* List the date that you completed and submitted the application for coverage under the drug plan.

*"Enrollment Confirmation Number":* List the confirmation number that was given to you at the time of enrollment. If you do not have a confirmation number, contact the drug plan and request one.

*"Medicare Part D Plan Member ID Number":* Some plans may not issue this number right away. If you do not have a member ID number, indicate that the number has not yet been issued, and then provide an enrollment confirmation number instead.

### **Section IV. Previous Plan Year Information:**

Identify if you were enrolled in a Medicare Part D Plan in 2006. If yes, write the name of the plan. If no, did you have Creditable Coverage in 2006, (i.e., did you have drug coverage that Medicare considered to be equal to or better than Medicare Part D coverage)? Did you receive written verification from your insurance administrator (Certificate of Creditable Coverage) that you had "Creditable Coverage"?

*"Medicare Effective Date":* List the date that you initially became eligible for Medicare benefits. The date is listed on your Medicare card.

Please read and sign both this application and the Participant Eligibility form. Return the completed forms along with a copy of your Medicare Part D drug plan bill (if available) to the program via fax or mail.

Mail: California Department of Health Services, ADAP Section  
MS 7704  
P.O. Box 997426  
Sacramento, CA 95899-7426

Fax: (916) 449-5883

*Note: This is not an application for ADAP prescription drug coverage. This application is for Part D premium payment assistance only.*

October 2006